

## Fauquier County Geographic Information Systems Office 40 Culpeper St., 3rd Floor (Mailing only) 62 Culpeper St., 1<sup>st</sup> Floor (Office Location)

Warrenton, VA. 20186



(540) 347-8768 FAX (540) 347-6863

www.fauquiercounty.gov

## **New Street Sign & Street Name Change Application**

PR	DESC	RIPTION			Case	Number:		
Date	):	New Street Name:			Old Street Name:		For office use on	ly
		<del>_</del>	use Page 3 to ente	r additional	street names and locations where signs are to be in	stalled)		
Appl	icant Name:				Phone:	Fax:		
Appli	cant Address:							
Com	pany Name:							
Prop	erty Address:							
		- (	if no address, give	location wit	h closest cross street identified)			
Subc	livison Name: _							
	t Location e sign is to be lled:							
Magi Distr	isterial ict:							
			CHECK A	LL TH	IAT APPLY			
			□ Street	: Nam	e Change			
				OR	•			
			□ New S	Street	Sign(s)			
	Fees fo	r Entire Sign Unit:			Fees for Sign Components	<u>s:</u>		
		ign with all hardware nit, including materials &	\$125.00		Post, including upper sign post, lo "anchor", rain cap and hardware (materials only)	wer	\$42.00	
		Sign with all hardware nit, including materials &	\$165.00		Single Street Sign, consisting of to plates and all associated hardwar (materials only)	wo name e	\$32.00	
	Processing Fee sign orders)	e (Applies to all street	\$30.00		Double Street Sign, consisting of name plates and all associated had (materials only)		\$64.00	
					Private Sign and associated bracket/hardware, only		\$20.00	
					Labor Rate for sign work if neede	d:	\$5.00/hour	
								Page 1 of 3



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CONTACT INFO	RMATION			
	: (Attach additional page 2, if more than 2			
Company: Address:		 Company: Address:		
-	State: ZIP:		State:	ZIP:
City:	FAX:	City:	State.	FAX:
Phone:	FAX:	Phone:		FAX:
Mobile:				
Email:		Email:		
All Current Applicar	nts: (Attach additional page 2, if more than	n 2 applicants)		
Name:				
Company:		Company:		
Address:		Address:		
City:	State: ZIP:	City:	State:	ZIP:
Phone:	FAX:	Phone:		FAX:
Mobile:				
Email:		Email:		
Representative:				
Namo:				
Company:				
Address:				
City:	State: ZIP:			
Phone:		<del></del>		
Mobile:	177			
Email:				
Email:				
		<del></del>		
	ion will be accepted for official review pon receipt. If the application is rejecte			
OWNED(C) AND	Applicant(c) Applicants	(Danwing d)		
` '	APPLICANT(S) AFFIDAVIT:			
	ation, understand its intent and freely co er County officials and other authorized			
	an two property owners please attach a			
Owne	er's Signature and Date		vner's Signature & D	ato.
Own	or o dignature and bate		mor s oignature a b	ato
P	Print Owner's Name		Print Owner's Name	•
County Zoning Ordinar	ed is accurate to the best of my knowle nce and Subdivision Ordinance and oth bunty may deny, approve or conditionall	er requirements of review/approval	agencies will be ca	
Applica	ant's Signature and Date	Арр	licant's Signature &	Date
Pri	int Applicant's Name	F	Print Applicant's Nam	<u></u> ne



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List Additional Street	Names and Installa	tion Locations from	n Page 1 here :			
_						
urpose of Request,	additional information	on:				
nsert Additional Con	tact Information fror	n Page 2 here:				
Diagon Analisa	Aion William Control	d for official review		ind information in		46.
correct fees are sub	mitted. Fees are dep	osited upon recei	when all reques pt. If the applicati	ted information is on is rejected and	provided and d not processe	the d,
correct fees are sub	mitted. Fees are dep	posited upon receinbursement.	pt. If the applicati	on is rejected and	d not processe	d,
correct fees are sub	mitted. Fees are dep	posited upon receinbursement.	when all reques pt. If the applicati	on is rejected and	d not processe	d,
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